

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000095845

1. Corporation Name

FRIENDS CLUB 2000, INC.

Principal Place of Business

Mailing Address

101 N.E. 172 STREET
NORTH MIAMI BEACH FL 33162

101 N.E. 172 STREET
NORTH MIAMI BEACH FL 33162

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/2000

5. FEI Number

65-1086513

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75- Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
PD	AURELIEN, JEAN A	2375 NE 173RD STREET, #204-B	NORTH MIAMI BEACH FL 33168
VD	ALTIDOR, FRITZ	101 NE 172ND STREET	NORTH MIAMI BEACH FL 33162
TD	ELJE, JEAN Y	15771 NE 15TH AVENUE	NORTH MIAMI BEACH FL 33162
SD	MONDESIR, LUCIEN	870 NE 140TH STREET	NORTH MIAMI FL 33161

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AURELIEN, JEAN A
2375 NE 173RD STREET
SUITE 204-B
NORTH MIAMI BEACH FL 33168

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0401, F.S.

Signature of
Registered Agent

REGISTERED AGENT SIGN

Date

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/11/01

4025-01

94-967-4193

CP2000 (8/01)

244

LAW OFFICES
BURNETT ROTH
1205 LINCOLN ROAD SUITE 209
MIAMI BEACH, FLORIDA 33139-2305
TEL. (305) 532-3341
FAX (305) 532-8774

CERTIFIED CIVIL MEDIATOR

December 6, 2001

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: FRIENDS CLUB 2000, INC.

Gentleperson:

I am returning your letter of November 15, 2001, after discussing this matter with your representative in Tallahassee.

I am following her instructions.

I enclose document P00000095845.

This document has been re-executed and signed by Jean A. Aurelien.

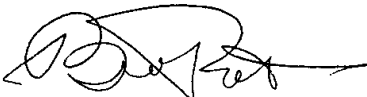
I know the signature looks as though it is crossed thru, but you will find from the enclosed checks that this happens to be the signature of Mr. Aurelien.

I have added the FEI number as required.

And I enclose the two checks, one for \$150.00 and the other for \$8.75.

Please confirm receipt and the reinstatement of the corporation.

Very truly yours,



Burnett Roth

Encl.

384.

October 19, 2001

Florida Department of State
Division of Corporations
Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: FRIENDS CLUB 2000, INC.

Gentleperson:

I am submitting to you the request for Reinstatement of FRIENDS CLUB 2000, INC.

I do make affidavit that we never received any form for payment of a Report for the current year 2001 so did not timely submit a Report.

In view of these circumstances, and time element, I do in behalf of the corporation respectfully request a WAIVER of Dissolution, and that there be submitted to me a Form for the filing of the Corporate Annual Report for the year 2001 and that we not be charged for a Dissolution.

I urge you to confirm and advise of the amount of money we must send for the 2001 Annual Report.

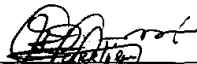
Very truly yours,

Jean A. Aurelien
(as President and Registered Agent)
2375 N.E. 173rd Street
Unit 204B
North Miami Beach, FL 33168

404

AFFIDAVIT

I understand that I am swearing under oath to the truthfulness of the above statement.



JEAN A. AURELIEN

STATE OF FLORIDA)
) ss
COUNTY OF DADE)

Sworn to and signed before me this 23rd day of October, 2001 by JEAN A. AURELIEN, who is personally known to me, or who has produced a Florida Driver's License as identification, and who did take an oath.

NOTARY PUBLIC



State of Florida at Large

My Commission Expires:

